

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for the August 2015 Meeting

Date: Thursday, August 20th, 2015
1:00 pm – 3:00 pm

Location: 1st Floor Conference Rooms A, B, and C
Capitol View Building
201 Townsend
Lansing, Michigan 48933

Commissioners Present:

Patricia Rinvelt, Co-Chair
Rodney Davenport
Robert Milewski
Orest Sowirka, D.O.
Mark Notman, Ph.D.
Irita Matthews
Rozelle Hegeman-Dingle, PharmD
Nick Smith

Commissioners Absent:

Tim Becker
Jill Castiglione, RPh
Michael Chrissos, M.D.
Peter Schonfeld

Staff:

Meghan Vanderstelt
Kimberly Bachelder
Phillip Kurdunowicz

Attendees:

Kate LaBeau	Ryan Koolen	Joy Thelen
Philip Vigés	Amy Grasso	Sheridan Cook
Marty Woodruff	Rick Hillbom	Tom Korff
Jacob Howland	Rosalyn Beene-Harris	Charles Carpenter
James Noland	George Bosnjak	Samantha Boeve
Rick Wilkening	Jamie Falik	Erin Bruder
Autumn Gillard	Travena Green	Dennis Olmstead, D.O.
Kevin Brooks	David Gee	James Bell III
Traci Wightman	Kristina Dawkins	Erin Sarzynski, M.D.
Umbrin Attequi	Scott Larsen	Joel Wallace
Thomas Petroff	Angela Vanker	Helen Hill
Tina R. Scott	Greg Forzley, M.D.	Allison Putrell
Mary Ann Hellein	Kristyn Vermeesch	Amy Olszewski
Rose Seawalt	Jason Werner	Jeff Livesay
Sue Kish	Ivory Ativie	Doug Dietzman
Brody McClellan	Bo Borgnakke	Bruce Maki
Cindy Schnetzler	Jeremey Glasstetter	Karen Fuller
Christin Nohner	Lynda Zeller	Frzuah Nana Ama
Carol Robinson, R.N.		

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, August 20th, 2015 at the Capitol View Building with 8 Commissioners present.

A. Welcome and Introductions

1. Chair Patricia Rinvelt called the meeting to order at 1:01 p.m.
2. Chair Rinvelt invited the members of the commission to introduce themselves.
3. Chair Rinvelt also introduced the participants on the panel: Mr. Jason Werner, Ms. Amy Olszewski, Ms. Kate LaBeau, Mr. Doug Dietzman, and Mr. Rick Wilkening.

B. Commissioner Updates

1. Chair Rinvelt asked the other commissioners if they had any updates to share since the last time that the commission convened.
2. Chair Rinvelt provided an update on the last meeting of the Michigan Health Information Network (MiHIN) board.
 - a. Chair Rinvelt noted that two new members had been added to the board: Dr. Scott Monteith (representative for behavioral health) and Dr. Sayed (representative for Federally Qualified Health Centers).
 - b. Chair Rinvelt also noted that Great Lakes Health Connect (GLHC) had sent a letter to MiHIN regarding a request from MiHIN for provider data. She explained further that GLHC has stated in the letter that the organization would not be able to comply with MiHIN's request for data at this time. Ms. Meghan Vanderstelt clarified that the GLHC letter was sent to Ms. Cynthia Green Edwards of the Michigan Department of Health and Human Services (MDHHS).

C. Review and Approval of the 6/4/2015 Meeting Minutes

1. Chair Rinvelt asked the commissioners to review and consider approving the minutes from the June 2015 meeting.
2. Commissioner Robert Milewski made a motion to approve the minutes, and there were multiple seconds for the motion.
3. Chair Rinvelt asked if there was any objection to approving the minutes. Seeing none, she noted that the minutes had been approved at 1:07 p.m.

D. HIT/HIE Update

1. Chair Rinvelt invited Ms. Vanderstelt from MDHHS to provide an update on new developments in the health information technology (HIT) field since the last commission meeting. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Ms. Vanderstelt noted that the commission dashboard was included with the meeting materials and invited the commissioners to review it.
3. Ms. Vanderstelt provided an overview of the 2015-2016 Action Plan for the commission.
 - a. She noted that the Action Plan was based on the discussion at the June commission meeting at the Connecting Michigan conference. She also mentioned that the Action Plan was designed to cover calendar years 2015 and 2016.
 - b. Ms. Vanderstelt also noted that the domains in the Action Plan align with the domains from the 2014 Annual Report.
 - c. Ms. Vanderstelt also mentioned that the Action Plan includes proposed measures to track progress on action items and to serve as content for the 2015 Annual Report.
 - d. Chair Rinvelt inquired about if the HIT Office could find or develop more metrics to include in the Action Plan. Ms. Vanderstelt clarified that more measures could be developed but that they should be focused on describing the 2015 goals and objectives for 2015 and 2016.
 - e. Chair Rinvelt also noted that the Action Plan could be used to plan the upcoming meetings for 2015.

- f. Commissioner Dr. Mark Notman noted that the action plan comprehensively describes the domains and provide a linear overview of movement over time. Ms. Vanderstelt agreed and mentioned that the action plan attempts to pivot away from how the infrastructure is being built towards how the infrastructure is being used.
 - g. Commissioner Irita Matthews inquired about whether the progress measures were designed to align with certain objectives such as Blueprint for Michigan. Ms. Vanderstelt confirmed that the measures were designed to align with both the annual report domains and statewide initiatives and projects.
 - h. Ms. Vanderstelt asked that the commissioners send all comments on the Action Plan to the HIT Office.
 - 4. Chair Rinvelt noted that Dr. Gregory Forzley had recently retired from the commission and that the Department and commission would like to take some time during the meeting to recognize his efforts and leadership.
 - a. Ms. Vanderstelt thanked Dr. Forzley on behalf of the HIT Office and recognized him for the years of mentorship that he provided to her.
 - b. Chair Rinvelt introduced MDHHS Director Nick Lyon, who would be providing the formal recognition of Dr. Forzley.
 - i. Director Lyon noted that the Dr. Forzley was one of the original members of the commission and had served as chair of the commission under multiple governors and administrations.
 - ii. Director Lyon also recognized Dr. Forzley for his contributions to the Conduit to Care Report and application for the Statewide Health Information Exchange Cooperative Agreement grant.
 - iii. Director Lyon also thanked Dr. Forzley on behalf of the Department for his years of service, leadership, and insight.
 - c. Dr. Forzley expressed his gratitude for being able to serve on the commission and encouraged the commission to continue to focus on the needs of the consumer.
- E. Update on the Peace of Mind Registry
 - 1. Chair Rinvelt invited Ms. Vanderstelt of MDHHS and Ms. Olszewski of Gift of Life Michigan to provide an update on the Peace of Mind Registry. The PowerPoint slides for this presentation will be made available on the website after the meeting.
 - 2. Ms. Olszewski noted that the registry was established in statute in 2012 and emphasized that MDHHS is responsible for direction and oversight while Gift of Life Michigan is responsible for administering the registry.
 - 3. Ms. Olszewski also mentioned that Gift of Life Michigan could use its relationships with hospitals, medical examiners, and funeral home directors in Michigan to promote the use of the registry.
 - 4. Ms. Olszewski noted that anyone is able to open an account on the Peace of Mind website and that users can submit advance directives or other documents to the registry.
 - 5. Ms. Olszewski noted that there are three aspects of the registry: (1) users can create accounts and upload documents to the registry; (2) health care providers will be able to access the registry and download documents; and (3) individuals will be able to electronically exchange directives with the registry in the future.
 - 6. Ms. Olszewski also highlighted the requirement in the 2013 Healthy Michigan Law that requires the Department to offer enrollees the option to upload an advance directive to the registry. She clarified that enrollees can use their own forms or a MDHHS-approved version.
 - 7. Ms. Olszewski noted that the website had received significant traffic from mobile devices, which indicates that individuals may be accessing the website from their mobile phones.

8. Ms. Olszewski stated that the registry was launched in 2015 and currently had 1,020 registrants. She also noted that most of these participants were linked to the Healthy Michigan mailing.
9. Ms. Olszewski also noted that Gift of Life Michigan is working with MiHIN to enable advance directives to be pushed and pulled from the registry.
10. Ms. Olszewski also noted that registrants would also be given a wallet card as part of submitting a directive to the registry.
 - a. Commissioner Rinvelt inquired about how Gift of Life Michigan would handle a situation where a registrant passed away outside of the state.
 - b. Ms. Olszewski noted that Gift of Life Michigan is a federally-designated organ procurement entity, which allows it to work and share information with other organ procurement organizations in other states.
11. Ms. Olszewski noted that work on electronically pushing and pulling directives was started in June through the myHealthButton and myHealthPortal applications and that MiHIN will be working to connect the registry with Health Information Exchanges and providers throughout the state.
12. Commissioner Matthews inquired about whether the registry would respond to requests from a family member of a deceased person. Ms. Olszewski noted that the Gift of Life Michigan would have to verify that the deceased person granted access to the family member through a mechanism such as Power of Attorney.
13. Commissioner Dr. Orest Sowirka expressed his excitement about the launch of the registry.

F. Panel Discussion on Advance Directives and Health Information Technology

1. Chair Rinvelt noted that the commission would be hosting a panel discussion today on advance directives and health information technology.
2. Chair Rinvelt invited Mr. Werner of MDHHS to present an update on the myHealthButton and myHealthPortal applications and their role in the exchange of advance directives. The PowerPoint slides for this presentation will be available on the website after the meeting.
 - a. Mr. Werner reminded the commission of the requirement in the Healthy Michigan legislation to offer enrollees an opportunity to submit an advance directive to the registry. He noted that MDHHS has been exploring ways to leverage the following applications and infrastructure to allow enrollees to submit directives electronically:
 - i. myHealthButton or myHealthPortal applications
 - ii. Statewide Consumer Directory
 - iii. Master Person Index and Common Key Service
 - b. Mr. Werner also described the two “use cases” for the registry:
 - i. The first use case involves adding advance directives from myHealthButton or myHealthPortal into the registry. (“Go-live” date: September 25, 2015)
 - ii. The second use case involves using myHealthButton or myHealthPortal to query the registry for an advance directive. (“Go-live” date: March 25, 2016)
 - c. Mr. Werner provided a description of how MDHHS and Peace of Mind will leverage the myHealthButton and myHealthPortal applications, the common key service, and the MDHHS Data Hub to enable electronic submission and query from the registry.
 - d. Mr. Werner used the “Ryan Paulson” vignette as a way to illustrate the experience of submitting an advance directive. He highlighted how consumers will be able to use the MiPage application, MiLogin system, and myHealthPortal application to securely upload advance directives from a mobile device.
 - e. Commissioner Rozelle Hegeman-Dingle inquired about whether consumers who log into the myHealthButton or myHealthPortal applications are prompted to upload a

directive. Mr. Werner confirmed that consumers are not currently receiving this prompt and that marketing and outreach will be need to increase participation in the registry and myHealthButton/myHealthPortal applications.

3. Chair Rinvelt invited Mr. Wilkening of MiHIN to present on how MDHHS and Gift of Life Michigan will be leveraging MiHIN services to enable statewide exchange of advance directives. The PowerPoint slides for this presentation will be available on the website after the meeting.
 - a. Mr. Wilkening explained that MiHIN is the statewide network for sharing health information and that Gift of Life Michigan and MDHHS are part of this network.
 - b. Mr. Wilkening provided an overview of the legal infrastructure for exchanging health information with Trusted Data Sharing Organizations and highlighted the role of the Use Case Factory in this process.
 - c. Mr. Wilkening gave an introduction to the Statewide Consumer Directory and illustrated how the directory gives consumers more control over where their data resides and how their data flows. He also noted that the directory does not store Protected Health Information.
 - d. Mr. Wilkening also gave an introduction to the Exchange Advance Directives Use Case and explained that the use case gives consumers an opportunity to specify their preferences for locating and sharing advance directives.
4. Chair Rinvelt invited Mr. Dietzman of Great Lakes Health Connect (GLHC) to provide an overview of his organization's activities that involve advance directives. The PowerPoint slides for this presentation will be available on the website after the meeting.
 - a. Mr. Dietzman explained that GLHC had created a new service to support organizations in the Grand Rapids and Flint regions with storing and accessing advance directives in the longitudinal health record. Mr. Dietzman clarified that GLHC is not directly assisting consumers with the advance care planning process.
 - b. Mr. Dietzman provided an overview of the technology and business processes that support this service:
 - i. Mr. Dietzman noted that the service uses web-based secure submission of documents to add directives to the longitudinal health record.
 - ii. Mr. Dietzman noted that GLHC does not dictate the type or format of documents but does validate the document for legibility and signatures.
 - iii. Mr. Dietzman also explained that the service does not allow for direct consumer access at this time but noted that they can request the latest documents for GLHC. He clarified further that only authorized submitters can send documents to GLHC at this time.
 - iv. Mr. Dietzman noted that providers have changed their business workflows in order to effectively submit advance directives to GLHC. He noted that this workflow redesign allows for the advance directive to be stored in the longitudinal record along with other clinical reports.
 - c. Mr. Dietzman noted that 3,200 documents had been submitted to date by 42 authorized submitters.
 - d. Commissioner Matthews inquired about how long the document stays in the record. Mr. Dietzman explained that any version of the document that is uploaded is stored forever, but revocation documents and new advance directives can be uploaded and would supersede previous directives.
 - e. Chair Rinvelt asked about how consumers currently access the longitudinal record, and Mr. Dietzman noted that consumer use a patient portal with single sign-on..

- f. Commissioner Rinvelt also inquired about how a consumer who goes to another state would get access to these records.
 - i. Mr. Dietzman noted that the consumer should notify his or her provider that they would like to access the directive while they are outside Michigan.
 - ii. Mr. Dietzman explained further that Direct may eventually be able to support out-of-state transactions but that the standards for this exchange do not exist yet.
- 5. Chair Rinvelt invited Ms. LaBeau of the Upper Peninsula Health Plan (UPHP) to provide an overview of his organization's activities that involve advance directives. The PowerPoint slides for this presentation will be available on the website after the meeting.
 - a. Ms. LaBeau noted that her organization uses the Gunderson Lutheran Model to educate consumers on the advance care planning process and empower them to make their own health care choices.
 - b. Ms. LaBeau explained the advance care planning goals of her organization:
 - i. Designing a plan that reflects the individual's goals and values
 - ii. Designing plans that include a selection of a well-prepared healthcare agent when possible to improve coordination of care
 - iii. Ensuring that plans are available to health care providers
 - iv. Ensuring that plans enable patient decisions to become medical orders
 - v. Ensuring that plans honored as intended
 - vi. Designing plans that prevent confusion and reduce additional suffering during a health care crisis
 - c. Ms. LaBeau noted that most approaches for completing advance directives fail because the directives are not followed, not available, not specific, or not accepted. She also noted that only 25% of people over age 18 have a plan.
 - d. Ms. LaBeau also explained that an effective advance care planning program requires the following items:
 - i. The completed advance care planning tool to be accessible across the health care system;
 - ii. Education and training to be available to staff within the facility and the community;
 - iii. Engagement of community partners to ensure that directives are recognized across the system; and
 - iv. Continuous quality improvement.
 - e. Ms. LaBeau noted that effective solution for storing and accessing advance care planning documents would involve the following elements:
 - i. On-demand access of relevant documents;
 - ii. Electronic storage through the statewide system; and
 - iii. A push-pull system that allows multiple access points.
 - f. Ms. LaBeau highlighted how the Upper Peninsula Health Information Exchange (UPHIE) could participate in statewide electronic exchange of advance directives:
 - i. Recognizing the need for statewide availability of documented healthcare wishes;
 - ii. Promoting and participating in statewide registry by serving as conduit;
 - iii. Advocating and collaborating with advance care planning services within the state and region.
 - iv. Educating participants about benefits and burdens of advance care planning document storage and retrieval

6. Chair Rinvelt opened the floor to a general discussion between the panel and the commission on the status of advance care planning initiatives in Michigan.
 - a. Commissioner Robert Milewski expressed concerns that there are multiple systems in Michigan for storing and retrieving advance directives and emphasized the importance of connecting these systems and improving interoperability.
 - i. Ms. Vanderstelt noted that MDHHS is exploring how to improve data sharing by leveraging statewide infrastructure to achieve interoperability. She also emphasized the importance of working with the advance care planning counselors to understand the needs of the business process.
 - ii. Ms. Olszewski clarified that Gift of Life Michigan is focusing on storage and retrieval of documents and does not purport to be an expert in creating documents. Ms. Olszewski also noted that her organization is interested in pursuing collaboration with other organizations on electronically exchanging advance directives.
 - b. Commissioner Milewski also inquired about the extent of outreach to providers, the legal community, and financial planning community. Ms. Vanderstelt noted that the Department had reached out to several groups as part of implementing the original legislation but also mentioned that the Department is interested in connecting with more interested stakeholder groups.
 - c. Commissioner Dr. Notman noted that there will be some challenges with integrating advance care planning into the business workflow of providers.
 - i. Commissioner Dr. Notman urged MDHHS to work on leveraging the statewide infrastructure to support access to advance directives.
 - ii. Ms. LaBeau noted that UPHS has been working to engage the elder law, mental health, and legal communities on advance care planning issues.
 - d. Commissioner Hegeman-Dingle noted the importance of engaging the legal, financial planning, faith-based communities. She also asked about whether the Department had partnered with health plans on email blasts and advertising.
 - e. Commissioner Dr. Sowirka noted that the advance care planning discussion is very tough conversations with patients and emphasized the importance of putting the patient in charge of the conversation.
 - f. Commissioner Matthews encouraged the Department to think broader and potentially engage more providers such as pharmacies in advance care planning.
 - g. Mr. Dietzman emphasized the importance of working with the patient to identify a primary place to store the directive once it has been developed in order to make sure that it is accessible in case of an emergency.
 - i. Ms. Olszewski identified a potential opportunity for doctors to leverage single sign-on capabilities, be able to pull up advance directives during an office visit, and have a conversation with the patient during the visit.
 - ii. Mr. Wilkening emphasized that query is next step for this use case.
 - h. Commissioner Matthews asked if Gift of Life Michigan had any linkages between existing donation programs and the Peace of Mind registry.
 - i. Ms. Olszewski noted that hospitals must ask patients upon admission if an advance directive exists and could use the registry to access the directive.
 - ii. Ms. Olszewski noted that the organ donor process is different.
 - i. Commissioner Rodney Davenport asked if any lightweight validation is conducted as documents are submitted.

- i. Ms. Olszewski clarified that Gift of Life Michigan would not be conducting any validation on submitted documents and noted that hospitals would be validating documents that they retrieve from the registry.
 - ii. Ms. Vanderstelt expanded on this comment by noting that person-centered planning is a community activity and that the registry just offers consumers a place to store and access their documents.
 - iii. Mr. Dietzman also noted that GLHC does not perform any validation activities beyond checking to see that the document is legible and signed.
- j. Commissioner Matthews asked about where the data is housed and what disaster recovery processes are in place.
 - i. Dave from Gift of Life Michigan noted that his organization has a large storage space for files and also has appropriate security measures such as secure access and encryption in place.
 - ii. Dave noted that the storage space provider has disaster planning safeguards in place and that Gift of Life Michigan has a continuity of operations plan in case certain call centers are compromised.
- k. Commissioner Hegeman-Dingle asked if it would be possible to include resources on the website to highlight what an advance care planning document should look like.
 - i. Ms. LaBeau noted the importance of other methods of communication besides the web since many people do not have access to it.
 - ii. Commissioner Sowirka highlighted the Conversation Project as a potential model.

7. Public Comment

- a. Ms. Sheryl Robinson of Making Choices Michigan noted that her organization uses GLHC's solution. She also emphasized the importance of ensuring that the document is accurate and that the document is accessible at times of need.
- b. Mr. Jeff Livesay of MiHIN noted the scalability issues on a statewide level if multiple repositories exist and are in use. He also noted the potential for the statewide infrastructure to help drive interoperability between these solutions but emphasized the need for commitment to use the statewide infrastructure.
 - i. Mr. Dietzman stated that his organization would explore solutions that are beneficial to its providers.
 - ii. Mr. Livesay questioned Mr. Dietzman about whether UPHIE could query GLHC for an advance directive, and Mr. Dietzman responded by emphasizing the importance of tracking the national conversation about storing and accessing advance directives.
 - iii. Commissioner Milewski noted the importance of not waiting for a nationwide solution and getting started on improving interoperability and sharing of advance directives in Michigan.
 - iv. Mr. Dietzman noted that it was important to continue to look towards sharing information on a national level but also noted that GLHC could work towards linking information in Michigan.
 - v. Commissioner Dr. Notman asked about how will this work in real-life ecosystem that is scalable.
- c. Dr. Erin Sarzynski of Michigan State University recognized the value of having advance directives stored in one place but also questioned the value if providers could not access the information. She suggested that directives should be pushed to providers without asking. She also asked if the website was able to all Michiganders.

- i. Ms. Olzsewski noted that the website is live at the moment. She also noted that new accounts can be created by all Michigan residents and even residents of other states.
- ii. Dr. Sarzynski emphasized the importance of disseminating this information and also making educational videos available to citizens.
- iii. Ms. Vanderstelt clarified that the registry is available to all Michigan residents but that the myHealthButton and myHealthPortal work is specific to individuals who participate in the Medicaid program.

G. HITC Next Steps

- 1. Ms. Vanderstelt noted that the next meeting would be held on September 17th.
- 2. Ms. Vanderstelt also requested that the commissioners send her an email about any conflicts that they might experience with upcoming meetings for the fall.

H. Public Comment

- 1. Chair Rinvelt opened the meeting to public comment and invited attendees to introduce themselves.
- 2. All attendees at the meeting took the opportunity to introduce themselves.

I. Adjourn

- 1. Chair Rinvelt adjourned the meeting at 3:03 pm.